

02-17-89

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)See Instructions on Back of Page 5
and Front of Page 7Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.2. Page 1
of 1Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

CAL AIR

12484 E. WHITTIER BLVD., WHITTIER, CA

4. Generator's Phone (213) ~~698-0999~~ 685-6110

5. Transporter 1 Company Name

CAL AIR

6. US EPA ID Number

ICIAID0781140101618

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD

WHITTIER, CA 90602

10. US EPA ID Number

ICIAID04224501011

A. State Manifest Document Number

8 8293553

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CIAD04224501011

H. Facility's Phone

(213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE LIQUID N.O.S NA 1693
ORM-E

12. Containers

No. Type

01113 DIM

13. Total

Quantity

14. Unit

Wt/Vol

G

I. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

01

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

T A FOSTER

Signature

T A FOSTER

Month Day Year

12/17/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

FRANK FORD

Signature

FRANK FORD

Month Day Year

10/21/789

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

DHS 8022 A (1/88)
EPA 8700-22
(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000, Sacramento, CA 95812

05/30/2001 "ORIGINAL MANIFEST COPY"